

SECTION C – DESCRIPTION/SPECIFICATIONS/WORK STATEMENT

C.1 STATEMENT OF WORK/SPECIFICATIONS

The Contractor shall furnish the necessary personnel, material, equipment, and services to perform the following Statement of Work.

C.2 INTRODUCTION

The United States Patent and Trademark Office (USPTO), Office of Administrative Services is responsible for health services sensitive to the needs of employees at the work locations covered under this contract.

As a general overview, the services provided by the USPTO Health Units under this contract include emergency treatment, fitness-for-duty examinations, preventive health screening examinations, treatment and/or assessment of on-the-job illnesses and injuries, authorization for emergency medical treatment at another facility, employee health maintenance examinations, general medical services which help keep employees at work, and the administration of allergy shots and other immunizations.

(IMPORTANT NOTE: The Office of Human Resources at USPTO provides an Employee Assistance Program [EAP]. Although there is to be an exchange of information and coordination between health services personnel and EAP staff, the EAP is separate and apart from the health services to be provided under this contract.)

The Contractor shall obey, abide by and comply with all Federal, State and local laws, as applicable to the work performed hereunder. The Contractor shall be responsible for satisfactory standards of employee competency, conduct, and integrity and shall be responsible for taking such disciplinary action with respect to his/her employees as necessary.

The Contractor shall be responsible, as requested by Occupational Safety and Health Agency (OSHA) Instruction CPL 2-2.69 dated November, 2001, for the appropriate handling, labeling and storage of biohazard waste products, as well as for pick-up and destruction of such wastes from all locations where Contractor's staff is stationed.

C.3 DESCRIPTION OF EFFORTS/SCOPE OF WORK

Additional servicing of other Department of Commerce (DOC) bureaus or agencies may be incorporated by modification into this contract.

The Contractor shall provide personnel with supervision to conduct a comprehensive program of occupational medicine for the USPTO and General Services Administration (GSA) component served under this contract at the locations listed in Exhibit A for the approximate number of employees indicated. Any specific requirements relevant to the health services to be provided are specified herein, examples of which are displayed in Exhibit B.

The standards of performance (professional, ethical, and technical) necessary for the conduction of this program shall require the assignment and utilization of only those personnel whose performance will conform to the highest standards and ethics of the medical and health professions. Services shall include:

A. First Medical Care (Emergency Treatment)

The Contractor's personnel shall be fully competent to provide the full range of emergency medical care to employees and visitors, including initial life saving techniques in the management of cardiac arrest and toxicological emergencies. Injuries and illnesses incurred by employees in the performance of duty, or

otherwise caused by employment, will receive definitive and follow-up care, either through the Health Unit or through referral to private specialists in accordance with the regulations of the Office of Workers' Compensation (OWCP) and the Department of Labor. Visitors and contractors who are not employees of USPTO but are present at the USPTO work locations covered under this contract will receive first aid treatment for emergencies and will be referred to their private physicians or community medical facilities, as needed.

Competency shall exist within the staff of the Health Units to effectively manage psychiatric emergencies that occur during hours a Health Unit is open. Referrals by Health Unit staff will be made directly to the appropriate EAP personnel for the purpose of crisis intervention of acute psychotic and anxiety reactions.

When needed, Health Unit staff will arrange for rescue and ambulance services with the appropriate Fire Department for medical emergencies occurring at any site serviced under the terms of this contract.

The Contractor shall conduct a training program for its staff in all aspects of emergency care pertinent to USPTO operations within the first week of contract operations. Thereafter, refresher training will be arranged on a continuing basis with the full cycle of training repeated annually or sooner, as needed. An outline of the program shall be submitted one month after the date of contract award to the Contracting Officer's Technical Representative (COTR).

The Contractor will inspect emergency and/or life saving equipment, such as oxygen tanks and EKG monitors, and emergency medications, on a weekly basis. A written report of these inspections shall be maintained on file at each Health Unit.

B. Guidelines for Health Unit Staff and USPTO Personnel

1. Emergencies

The Contractor shall provide emergency training where appropriate. The section of the Policy and Procedures Manual (see SECTION C.3, F.4.) dealing with emergency treatment shall be clearly written and well organized to avoid ambiguities and to enable the Health Unit staff to respond quickly and effectively to medical emergencies for employees and visitors alike.

Information regarding an employee transported from the USPTO Health Unit to a local hospital for any medical reasons shall be communicated as soon as possible to the COTR (or the Office of Administrative Services when COTR is unavailable).

2. Work Related Injuries and Illnesses

Medical care for work-related injuries and illnesses (Federal Employees Compensation Act cases) shall be provided directly by the Health Unit when their condition and severity make this appropriate. When this care is not appropriate, employees will be referred to qualified medical facilities or physicians. Health Unit personnel will collaborate with the agency Workers' Compensation Specialists in providing employees with required forms. Every effort shall be made to follow-up each case and provide any additional Health Unit support needed to ensure that the employee receives the benefits to which he or she is entitled.

Also, the USPTO Medical Officer (Health Unit physician) shall act as the USPTO's representative in obtaining and interpreting information from referral physicians to reconcile OWCP cases.

3. Non-Work Related Illnesses

Personnel experiencing non-work related illnesses during working hours will receive preliminary diagnosis and treatment with subsequent referral to the patient's physician, if needed. Preliminary or palliative treatment will be given to enable individuals to complete their current work shifts. If an employee, who currently does not have a personal physician, needs to be seen for a non-occupational illness, the Health

Unit will identify three qualified physicians for follow-up care. Lists of specialists who are available for consultation shall also be utilized for referrals when indicated. Referred physicians must not be affiliated with the Contractor or any of the Contractor's employees.

The Medical Officer will conduct, within the first month of contract operations, a special in-service training program to assure maximum staff proficiency for diagnosis and disposition of non-occupational illness, as differentiated from work-related conditions. To ensure continued effectiveness, this in-service training will be offered to new staff personnel and as a refresher training, as needed.

C. Examinations

The Medical Officer shall conduct fitness-for-duty examinations:

1. On an emergency basis for an employee thought to have acute health problems which might create a hazard for him/herself or others,
2. For an employee who has had an occupational injury or disease,
3. For an employee returning to work following major illness or surgery, and
4. For an individual who occupies a position which has medical standards or physical requirements.

Disability retirement examinations, although not performed by the Medical Officer, may require review and interpretation. The disability retirement process may include conferences between the Medical Officer, supervisors and personnel staff. Written reports of findings may be needed from the Medical Officer.

Working closely with appropriate staff of the Office of Administrative Services, the Contractor shall develop standards for physical examinations that will be used to maximize all categories of physical examinations. Thorough understanding of the physical and emotional requirements of these examinations will be required on the part of the Medical Officer, who will be conducting the examinations and making final recommendations.

This understanding of work requirements will ensure, for example, that the pre-placement examination will provide direct medical benefits to the employee as well as minimizing placement errors based on unknown physical limitations.

In addition, the Contractor shall develop a system to ensure that relevant medical data obtained by examinations is incorporated into the employee's medical records that are maintained in the Health Unit.

The Contractor may be required to offer employee health maintenance examinations to certain key personnel identified by the Director, Office of Administrative Services. Monthly preventive health examinations for employees will also be required as outlined below.

D. Preventive Health Programs

1. Periodic health screening programs must be planned and executed to include:
 - a. Review of individual medical records and notation of any significant change in health patterns,
 - b. Tuberculin skin testing in accordance with CDC guidelines,
 - c. Screening for elevation of serum cholesterol and recommendation of appropriate diet with referral to personal physician, when indicated,
 - d. Blood pressure determinations with referral to private physicians for work-up and therapy when appropriate,

- e. Tonometry (screening for glaucoma),
- f. Sickle cell anemia screening and/or counseling,
- g. Visual acuity screening,
- h. Hearing screenings,
- i. Hearing Conservation Program for employees with occupational noise exposure of 85 dB or greater for four or more hours/day,
- j. Multi-screening examinations to include: a detailed medical history, review of this by an advanced practitioner (NP or MD), a thorough physical exam, visual acuity, hearing test, urinalysis, blood test (optional and paid for by the employee) and a thorough discussion of identified medical issues and recommended health practices, with referral to outside specialists for further evaluation as needed.
- k. Further screening programs based on employee needs and current preventive medical practices in Occupational Medicine.

In selecting additional tests, careful definition of the sensitivity and specificity must be determined by the Contractor in addition to cost/benefit considerations. The programs are to be approved by the COTR before being instituted.

2. Disease Prevention

a. Alcoholism and Drug Rehabilitation Program

USPTO management is deeply committed to conducting a comprehensive drug and alcoholism rehabilitation program in full compliance with the Office of Personnel Management (OPM) and Public Health Service (PHS) regulations and guidelines. The EAP contract personnel have primary responsibility for this program. However, Contractor health services staff, shall be expected to lend assistance as needed. In addition, the USPTO Medical Officer may be required to review and advise management of USPTO on drug testing results received from outside testing facilities.

b. Immunizations, to include:

- (1) All employees shall be furnished with recommended immunizations for work-related foreign travel using vaccines purchased by USPTO.
- (2) Influenza immunizations will be provided by the USPTO on a first come, first serve basis. However, when the PHS Advisory Committee on Immunization Practice has recommended it, USPTO will furnish influenza vaccinations to all employees.
- (3) Allergy injections shall be administered by the Health Unit staff. The employee will be responsible for providing his/her allergen.
- (4) Employees who are occupationally injured shall be provided tetanus immunizations when medically indicated and be provided by the Contractor.

c. Smoking Cessation Program

Due to the serious health problems caused by smoking, USPTO management is committed to conducting a comprehensive Smoking Cessation Program in full compliance with Office of Personnel Management guidelines. Contract staff is expected to lend assistance, advice and support for this program.

3. Health Education

All members of the Contractor's staff shall avail themselves of opportunities to educate USPTO employees in personal hygiene and health maintenance when they visit the Health Unit. In addition, the Contractor shall provide health education to include: (1) scheduling of periodic presentations on important preventive health subjects; (2) finding, purchasing, and making available to staff and employees literature on health subjects; and (3) participating in orientations conducted by personnel offices to provide the mission of the Health Unit and describing its policies and practices.

E. Program Objectives

After the first three months of this contract, the Contractor shall present to the COTR a brief summary of short and long range objectives in: emergency care, surveillance programs, preventive medical programs, and administration. These objectives must be finalized with the approval of the COTR. Quarterly conferences with the COTR shall be held thereafter to assess progress in meeting objectives and to evaluate program performance. Either party, as desired, can request more frequent conferences.

F. Administrative

1. Referral of Employees

As a result of extensive health counseling provided to employees, along with limited USPTO Health Unit responsibility for providing medical care, a considerable number of referrals to private physicians and community facilities are expected to be made. Referrals for non-work related health problems shall be made to the individual's private physician.

Whenever an employee does not have a personal physician, the Contractor shall provide a list of at least three physicians in the geographical area preferred by the patient and in the appropriate specialty. An alternate means of selecting physicians would be to utilize the services of local medical societies.

The Contractor shall establish a clear-cut policy that no physician referrals may be made by Health Unit staff to the contract Medical Officer or to any physician associated with the Contractor. The Medical Officer may not act as an employee's private physician either on or off USPTO property. This policy shall not be circumvented by the implication that another staff member has made the referral. The USPTO shall deem violation as a conflict of interest sufficient to warrant termination of the contract.

2. Liaison with the Medical Profession of the Community

It is the responsibility of the Contractor to continue the favorable liaison with the medical profession in the community that has already been established. The Contractor shall conduct him/herself in such a way as to ensure that neither he/she nor the USPTO, by implication or otherwise, has any intent to interfere in the private relationship between any patient and his/her physician, and that neither the Contractor nor USPTO shall engage in any definitive medical care which is a matter of proper interest between the private physician and his/her patient.

The Contractor shall promote the understanding that the concern of USPTO is similar to that of any private enterprise employer who has an interest in employees' health at work.

3. Office of Workers' Compensation Program (OWCP)

The Health Unit nursing/administrative staff shall provide employees involved in work-related injuries/illnesses with OWCP Forms CA-1, CA-2 and shall issue Forms CA-16 on the day of injury, as necessary. The Health Unit staff shall provide OWCP with detailed reports of work-related injuries/illnesses processed by the Health Unit staff. It shall thereafter be the Workers' Compensation Specialist's responsibility to follow-up and process any further reports required by the OWCP.

4. Policy and Procedures Manual

The Contractor shall provide each Health Unit, within 30 days of contract award, a Health Unit Policy and Procedures Manual specifically developed for the operation of the Health Unit sites identified under the terms of this contract. The Contractor must update the manual, as needed, but at least annually. This manual must contain, at a minimum, the following elements:

- a. The designation of total staff, general responsibilities and standards of conduct, in addition to procedural and policy information that clarifies operating responsibilities;
- b. Concise "job descriptions" prepared by the Contractor for each of the four labor classifications identified in Exhibit D of this Statement of Work enumerating the duties of the various categories; and
- c. The following additional items:
 - (1) A set of standing orders or instructions to guide the nurses in the treatment and counseling of employees, in particular for those conditions that may not need the immediate or personal attention of a physician, especially in cases of medical emergency.
 - (2) Procedures for treating employees exposed accidentally to toxic materials, such as biological agents, carcinogens, chemicals, etc. This shall include antidotes to be utilized and any short or long-term follow-up, as may be indicated. On-hand references and consultation with designated community specialists or poison control centers may be used when appropriate and relevant, but must be clearly documented.
 - (3) A listing of items stocked in the Health Units.
 - (4) Tuberculosis surveillance and control guidelines.
 - (5) Privacy Act requirements, as applicable to Health Unit operations, to include authorizing and implementing references, sample copies of the forms and reports and duties of individual staff members, if required.
 - (6) Procedures for maintaining individual records and for identifying temporary records for storage or destruction.
 - (7) All other usual office and clerical procedures expected in an outpatient type medical facility.

To assure appropriate staff response, guidelines as needed for all pertinent Manual Issuances and Instructions shall be prepared by the Contractor, revised as necessary, and approved by the COTR.

5. Employee Health Records

The Privacy Act of 1974, P.L. 93-579 (5 U.S.C. 552a) clearly defines rigid requirements for the handling of Federal employee health records. Within the first week of contract operations, the Contractor shall become sufficiently familiar with requirements of the Privacy Act, along with implementing policies, to ensure that the USPTO meets its responsibilities under the Act.

Traditional practices, in general, shall be followed in that the Contractor shall treat all employee health records as medically confidential and shall maintain the necessary security for them. Privacy requirements must be given high priority by the Contractor at all times beginning from the first day of contract operations. The Contractor shall also be familiar with and observe special privacy requirements pertaining to alcoholism and drug abuse program participants.

The Contractor shall be responsible for the maintenance of accurate and complete medical records. An individual Health Unit file shall be made up for each new employee served which contains the medical history and a record of physical examination, if performed.

During each subsequent visit, the attending staff must record pertinent information whenever he/she sees, counsels, or otherwise treats an employee. All information must be clearly recorded and identify the purpose of the visit. Occupational injuries or illnesses must be noted along with an indication of the Workers' Compensation forms that were given to the employee.

All medications provided to an employee must be clearly identified in the record. Records must be complete enough to provide data for use in job placement; in establishing health standards in health maintenance, treatment, and rehabilitation; in helping management with program evaluation and improvement; and for investigating causes of occupational injuries or illnesses.

6. Reports

The COTR may choose both the format and content of all reports in order to insure that the Contractor provides information that is pertinent to purpose.

a. Monthly Work Achievement Reports

The Contractor shall submit a monthly report to the COTR by the 20th of the following month that contains for each individual contract location:

- (1) A brief narrative description of each significant event, i.e., blood screening, emergencies,
- (2) A summary of workload statistics for specific categories of Health Unit activity (including those items listed on EXHIBIT B) for each separate Health Unit location, and
- (3) An accounting by individual Health Unit the number and organizational affiliation of visitors provided medical services.
- (4) An accounting of all occupational injuries or illnesses and their follow-up.

b. Miscellaneous Reports

The Contractor shall prepare other reports, utilizing format provided by the COTR, that provide information about Health Unit activities to the Office of Administrative Services.

The Contractor's staff shall cooperate with USPTO Workers' Compensation Specialists in the processing of all required medical reports under the Federal Employees' Compensation Act.

The Contractor shall furnish the COTR with a complete inventory listing of all government owned equipment, supplies, and furnishings at each Health Unit location covered by this contract. This inventory listing must be submitted twice, the first shall be due within 15 days of the start of the contract with the final inventory due 2 weeks before the end of the performance period.

The Contractor shall submit copies of all job descriptions to the COTR within 30 days from date of contract award.

c. Oral Briefings

The Supervisor/Charge Nurse shall provide oral briefings regarding operations of the Health Units to the COTR, usually on a monthly basis, but more frequently as requested.

d. Report of Major Accomplishments, Problems, and Future Plans

The Contractor shall submit an annual report for the fiscal year to the COTR. The report shall include program reviews on subjects such as, but not limited to: health surveillance, health education, achievements, problems and future plans.

7. Drugs and Medical Supplies

The Contractor shall provide drugs and medical supplies in adequate quantities to meet any medical emergency to all locations. In addition, medications and drugs shall be stocked by the Contractor at all location and dispensed (enough to get through each workday) for first aid or treatment of less serious disorders for which employee would not reasonably be expected to seek the attention of his/her personal physician, such as common colds, headaches, dysmenorrhea, etc.

The Contractor shall be responsible and accountable for the security of all medications (including controlled drugs), medical supplies, vaccines, and immunizing agents used in all of the Health Units. Accordingly, the Contractor shall ensure that access to those items is restricted to Contractor personnel assigned to the Health Unit and to the COTR or his designated representative.

The Contractor must purchase all medications and medical supplies. Contractor must not fill prescriptions from private physicians; however, the Medical Officer and the nurse practitioner can write prescriptions for employees at Health Units covered by this contract. Employee is responsible for the filling of prescription at the pharmacy of his/her choice.

An accepted practice in Occupational Medicine is the periodic administration by injection of certain medicines, such as allergens and vitamins, prescribed by an employee's personal physician. All such medications must be provided by the employee and stored in a Health Unit refrigerator if Health Unit staff is to administer periodic doses.

8. Staff Meetings

Supervisor/Charge Nurse or Medical Officer must hold formal Health Unit staff meetings. These meetings must be held at least monthly and be attended by all categories of Health Unit employees.

All staff meetings must be held for the purpose of enhancing communications, receiving input regarding program improvements, providing in-service training, and for other reasons deemed appropriate by the Supervisor/Charge Nurse, Medical Officer or Contractor.

9. Training and Travel

The Contractor shall provide training opportunities to all members of its staff. All training and travel related expenses, incurred in such activities, will be the responsibility of the Contractor. If the training occurs during Health Unit hours, replacement of staff shall be the responsibility of Contractor.

10. Publications and Publicity

Any materials that pertain to Contractor's USPTO operations or programs, including reports of studies conducted in the USPTO Health Units, personal notes regarding staff changes, etc., require the approval of the COTR before they can be prepared for publication.

11. Communications and Correspondence Originating in Health Units

Identification of Health Units must be by the location or building name of the Health Unit, without any reference to the contract, except as may be necessary in correspondence with the COTR or the Contracting Officer. Standard USPTO stationery (including outgoing prepaid envelopes) shall be provided by USPTO for use in all correspondence that is USPTO related.

For all professional matters, the Contractor's association with USPTO shall not be identified. This includes the telephone answering salutation that identifies the Health.

12. Miscellaneous

The Medical Officer shall travel to all sites under this contract to oversee the administration of injections if required and conduct any special health programs offered to employees (e.g., testes, breast, multi-screening and other previously named exams).

Additionally, the Supervisor/Charge Nurse shall visit all Health Unit sites for inspections and to lend assistance. No Government transportation is provided for such purposes, nor is Government furnished parking generally available.

C.4 DUTIES OF PERSONNEL

A. Physician

The Physician shall:

1. Serve as the Medical Officer covering USPTO Health Units under this contract and as a consultant to USPTO management on all matters regarding occupational medicine and other matters outlined herein.
2. Provide clinical medicine services, involving the performance of diagnostic and preventive health care, including physical examinations and emergency treatment, as appropriate, as well as preventive health screening programs, occupational health surveillance examinations, health counseling, etc. The doctor must have proficiency in use of the EKG and must be proficient in the interpretation of any other tests provided in the health unit.
3. Evaluate and render opinions regarding the medical aspects of fitness-for-duty exams and USPTO employee FECA claims arising from reported occupational injury or disease and also serve as the USPTO representative in obtaining and/or assessing medical information from physicians to reconcile OWCP cases.
4. Evaluate health services provided by the USPTO Health Units, and make recommendations to the COTR about changes in service, as appropriate.
5. Provide consultation and advice to the USPTO staff regarding occupational health concerns.
6. Evaluate laboratory drug testing results in support of the USPTO's Plan for a Drug-Free Workplace by reviewing reports, reviewing additional information supplied by employees or applicants, and coordinating determinations with the Office of Human Resources.
7. Provide medical and administrative support, as appropriate, to the EAP staff in connection with the USPTO EAP program (i.e., for alcohol abuse, drug abuse, emotional stress, etc.).
8. Serve as a member of USPTO committees formed to determine USPTO policy that may require input from the Medical Officer.

B. Supervising/Charge Nurse, RN

The Supervising/Charge Nurse shall:

1. Oversee the implementation of Occupational Safety & Health Conservation Programs, i.e., hearing, asbestos.
2. Provide the nursing staff of the Health Units with supervision, as needed.
3. Evaluate problems and make the day-to-day decisions that affect patient care.
4. Meet with Medical Officer about matters that concern health services policy.
5. Back up Treatment Nurses during emergency situations.
6. Responsible for the preparation of periodic and monthly reports for the COTR.
7. Oversee treatment and follow-up care for Occupational Injuries and Illnesses.
8. Provide support to the EAP Office with mental illnesses and drug abuse, as needed.
9. Provide supervision and guidance to the Treatment Nurses.
10. Notify the Office of Administrative Services or the COTR of any and all occupational injuries and possible occupational illnesses that occur at sites covered by this contract.

C. Treatment Nurse, RN

The Treatment Nurse shall:

1. Perform physical examinations, e.g., weight, height, blood pressure, vision, hearing, cancer screening, etc. and EKG when appropriate.
2. Administer emergency care for illnesses and injuries of both occupational and non-occupational origin. Evaluate each incident as it occurs and decide, in the absence of the Medical Officer, whether the injury/illness can be effectively treated in the Health Unit. Decide if patient needs to be transported immediately by ambulance to a hospital or if he/she can be stabilized in the Health Unit and then be transported to his/her personal physician. Must be able to administer oxygen and CPR/AED if necessary.
3. Administer treatment and medication deemed appropriate after the evaluation of a problem, e.g., treatment for thermal, electrical and chemical burns, administering hot or cold compresses to injuries as appropriate, etc.
4. Follow up on employees with serious or acute conditions, compensable injuries, chronic illnesses, etc. with consultations or further medical evaluation.
5. Responsible for venipuncture and proper handling/preparation of specimens and the proper preparation of requests for special procedures for sending to commercial labs for analysis; perform and/or arrange for lab work in connection with occupational health surveillance programs for exposures such as, but not limited to, asbestos, benzene, lead, mercury, radiation, agents affecting cholinesterase enzyme, etc., and such procedures as liver function studies.
6. Routinely perform resting, 12 lead EKG that requires proper preparation of patient, standardizing equipment, and recognition of abnormal patterns.
7. Conduction of pulmonary function tests utilizing spirometry. Calculate vital capacity, forced expiratory volume and forced expiratory flow.
8. Participate in special purpose preventive health programs such as diabetes and hypertension screening, etc.

9. Advise employees assigned to business-related foreign travel about precautions to take in the area of travel. Administer tetanus, typhoid, cholera, and hepatitis A (Havrix) and other vaccines that are recommended by CDC for the traveling in a specific area.
10. For the allergy program, instruct employees of Health Unit requirements, administer required doses, treat adverse reactions, and consult Medical Officer or patient's doctor, as necessary.
11. In connection with the USPTO Employee Assistance Program (EAP), be on the alert for employees with psychological problems while in the Health Unit for blood pressure checks and other general health services. Refer such employees to the EAP counselor for follow-up.
12. Assist with other health service related duties as requested by the Medical Officer.

D. Clinical Nurse Practitioner, RN, NP

In addition to all duties of the Treatment Nurse, the clinical nurse practitioner will examine, diagnose and treat acute minor illnesses with prescribed medication, as appropriate.

C.5 AUTHORITIES, PRACTICES AND GUIDELINES

For the purpose of execution of this contract, the Contractor will be expected to operate within the authorities granted for Occupational Health Programs under Public Law 5 USC 7901 and 7904.

The Contractor must, in addition, be thoroughly familiar with all Government regulations and directives which are pertinent to the operation of Federal Employee Health Programs, specifically those applicable regulations of Federal Employees' Workers' Compensation, occupational health standards established under the Occupational Safety and Health Act, applicable directives of the Office of Personnel Management for medical suitability assessment for Federal service, and U.S. Department of Labor requirements applicable to biohazard waste products.

C.6 OTHER RESPONSIBILITIES

The Contractor shall be responsible for providing laboratory coats/smocks and name identification badges to Health Unit employees.

The Contractor shall be responsible for laundry services for all Health Units covered under this contract. The purchase of bedding supplies and linens shall be the responsibility of the Government.

EXHIBIT A

HEALTH UNIT LOCATIONS

Approximate Number of Employees Served

<u>LOCATION</u>	<u>NUMBER*</u>	<u>HOURS OF SERVICE</u>
I. Jefferson Building Room C01B85 500 Dulany Street Alexandria, VA 22313-1450	6,000	7:30 AM to 5:00 PM
II. North Tower Building Room 9AO1 2800 Crystal Drive Arlington, VA 22202	1,700	8:00 AM to 4:30 PM

* Includes approximately 750 GSA personnel by interagency agreement

EXHIBIT B

SERVICES PROVIDED from August 1, 2003 through July 31, 2004

Some types and numbers of services provided between August 2003 and July 2004. This does not constitute a list all services performed by Health Unit personnel. Information provided as reference to Statement of Work (SOW).

DATA ELEMENT	TOTAL
ALLERGY IMMUNIZATION	1656
INFLUENZA IMMUNIZATION	2200
OTHER INJECTION	95
BED REST	334
BLOOD PRESSURE	5220
CONTRACTORS SEEN	332
DOCTOR CONSULTATION	151
EKG	133
EMERGENCY RUN	23
HEARING TESTING (AUDIOMETRY)	111
LACTATION PROGRAM	156
MEDICATION DISPENSED	548
REFERRAL	155
USPTO OCCUPATIONAL INJURY/ILLNESS	12
VISION SCREENING	72

EXHIBIT C

PERSONNEL QUALIFICATIONS REQUIREMENTS

All personnel must be proficient in speaking and writing in the English language.

A. Physicians:

1. Must have the degree of Doctor of Medicine from a U.S. or Canadian medical school approved by the Council on Medical Education and Hospitals, American Medical Association, or have graduated with a degree of Doctor of Medicine or equivalent from a medical school other than above (including foreign schools) provided that the medical education and the medical knowledge acquired therefrom are substantially comparable and equivalent to that of graduates of above approved medical schools. **Comparability must be evidenced in one of the following ways:**
 - a. Must possess a permanent, unrestricted license to practice medicine and surgery in a State, the District of Columbia, the Commonwealth of Puerto Rico, or a territory of the United States; or
 - b. Must have served at least one year as an active duty commissioned Medical Officer in the Medical Corps of the U.S. Military Service or the U.S. Public Health Service, performing unrestricted duties including the treatment of patients; or
 - c. Must be certified in a specialty by an American Specialty Board approved by the Council on Medical Education and Hospitals of the American Medical Association; or
 - d. Must have certification from the Education Council for Foreign Medical Graduates in its American Medical Qualifying Examination or have passed the full examination of the National Board of Medical Examiners.
2. Must possess a current, permanent and unrestricted license to practice medicine in Virginia.
3. Must be Board Certified in Internal, Occupational, or Preventive Medicine.
4. Must have experience/skill in the use of a variety of medical instruments and equipment, such as but not necessarily limited to a tonometer, EKG and pulmonary function machine.
5. Must have the ability to interpret electrocardiograms, chest x-rays, and laboratory tests.
6. Must have had at least one full year of recent experience (within four years) full-time employment experience in clinical medicine.

B. Supervising/Charge Nurse, Clinical Nurse Practitioner, RN, NP, and Treatment Nurses:

1. Must be a registered nurse in the Commonwealth of Virginia. Such registration must be and remain current and valid for the duration of the contract.
2. Must have knowledge, skill, and experience required to routinely perform venipuncture, EKGs when required, Audiometric Exams, and Visual Acuity Exams.
3. Must have and maintain for the duration of the contract valid certification in Cardiopulmonary Resuscitation (CPR) and in the use of Automated External Defibrillators (AED).
4. Must have at least one full year of recent (within 4 years) full-time employment experience as a hands-on clinical.

EXHIBIT D

U.S. PATENT AND TRADEMARK OFFICE HEALTH SERVICES STAFF

Medical Officer: (time divided between the North Tower and Jefferson Health Units)	8 hours per week
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RN, Supervisor/Charge Nurse:	Full-Time Position
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RN, Treatment Nurse at Jefferson Health Unit	Full-Time Position
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RN, Treatment Nurse at North Tower Health Unit	Full-Time Position
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RN, NP, Clinical Nurse Practitioner	Full-Time Position
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NOTE: Job Sharing of Full-Time Position by two qualified, permanent part-time nurses is acceptable when approved by the COTR.